		FOR OHF USE					

LL1

2000
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2000)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0027987

Facility Name: FAIRHAVEN CHRISTIAN RETIREMENT CENTER

Address: 3470 N. ALPINE RD. (Number) ROCKFORD (City) 61114 (Zip Code)

County: WINNEBAGO

Telephone Number: (815) 877-1441 **Fax #** (815) 877-2040

IDPA ID Number: 36-2606227001

Date of Initial License for Current Owners: 03/01/68

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code	501(C)(3)		Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: JEFF REIERSON **Telephone Number:** (815) 877-1441 X305

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2000 to 12/31/2000 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) GARY E. LARSON
(Title) EXECUTIVE DIRECTOR

Paid Preparer
(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	96	Intermediate (ICF)	96	35,136	3
4		Intermediate/DD			4
5	158	Sheltered Care (SC)	158	57,828	5
6		ICF/DD 16 or Less			6
7	254	TOTALS	254	92,964	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF	11,704	18,813		30,517	10
11	ICF/DD					11
12	SC		28,480		28,480	12
13	DD 16 OR LESS					13
14	TOTALS	11,704	47,293		58,997	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 63.46%

D. How many bed-hold days during this year were paid by Public Aid?
36 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
NONE

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 03/01/1968

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [ ] NO [X] If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/00 Fiscal Year: 12/31/00

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT (# 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	555,872	52,171	8,348	616,391		616,391		616,391			1
2	Food Purchase		419,028		419,028	(10,620)	408,408	(11,543)	396,865			2
3	Housekeeping	216,066	57,825	421	274,312		274,312		274,312			3
4	Laundry	133,143	20,700	3,045	156,888		156,888		156,888			4
5	Heat and Other Utilities			273,765	273,765	(5,000)	268,765	(17,065)	251,700			5
6	Maintenance	241,215	29,307	177,968	448,490		448,490		448,490			6
7	Other (specify):*			50,247	50,247		50,247		50,247			7
8	**TOTAL General Services**	1,146,296	579,031	513,794	2,239,121	(15,620)	2,223,501	(28,608)	2,194,893			8
	B. Health Care and Programs											
9	Medical Director			15,600	15,600		15,600		15,600			9
10	Nursing and Medical Records	2,146,552	118,523	190,675	2,455,750		2,455,750		2,455,750			10
10a	Therapy			4,886	4,886		4,886		4,886			10a
11	Activities	84,384	4,943	1,381	90,708		90,708		90,708			11
12	Social Services	38,599		551	39,150		39,150		39,150			12
13	Nurse Aide Training											13
14	Program Transportation			4,957	4,957		4,957	(991)	3,966			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,269,535	123,466	218,050	2,611,051		2,611,051	(991)	2,610,060			16
	C. General Administration											
17	Administrative	222,859			222,859		222,859		222,859			17
18	Directors Fees											18
19	Professional Services			75,579	75,579	(12,455)	63,124		63,124			19
20	Dues, Fees, Subscriptions & Promotions			51,714	51,714	1,368	53,082	(27,037)	26,045			20
21	Clerical & General Office Expenses	96,407	28,855	19,066	144,328		144,328	(1,429)	142,899			21
22	Employee Benefits & Payroll Taxes			680,953	680,953	21,707	702,660		702,660			22
23	Inservice Training & Education											23
24	Travel and Seminar			16,916	16,916		16,916	(10,188)	6,728			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			34,822	34,822	(12,000)	22,822	(1,300)	21,522			26
27	Other (specify):*			4,619	4,619		4,619	(4,619)				27
28	**TOTAL General Administration**	319,266	28,855	883,669	1,231,790	(1,380)	1,230,410	(44,573)	1,185,837			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,735,097	731,352	1,615,513	6,081,962	(17,000)	6,064,962	(74,172)	5,990,790			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER #0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			435,604	435,604	(6,887)	428,717	(120,872)	307,845			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			107,066	107,066		107,066	(107,066)				32
33	Real Estate Taxes			211,784	211,784		211,784		211,784			33
34	Rent-Facility & Grounds							(9,925)	(9,925)			34
35	Rent-Equipment & Vehicles			1,413	1,413		1,413		1,413			35
36	Other (specify):*			10,638	10,638		10,638		10,638			36
37	**TOTAL Ownership**			766,505	766,505	(6,887)	759,618	(237,863)	521,755			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops					5,000	5,000		5,000			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			52,704	52,704		52,704		52,704			42
43	Other (specify):*		180	714,943	715,123	18,887	734,010		734,010			43
44	**TOTAL Special Cost Centers**		180	767,647	767,827	23,887	791,714		791,714			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,735,097	731,532	3,149,665	7,616,294		7,616,294	(312,035)	7,304,259			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(11,543)	Line 2		4
5	Telephone, TV & Radio in Resident Rooms	(17,065)	Line 5		5
6	Rented Facility Space	(9,925)	Line 34		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(36,689)	Line 32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest	(70,377)	Line 32		14
15	Non-Care Related Owner's Transactions	(121,779)	Line 30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(10,188)	Line 24		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(2,400)	Line 27		24
25	Fund Raising, Advertising and Promotional	(27,037)	Line 20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(1,429)	Line 21		28
29	Other-Attach Schedule	(4,510)	P. 5A		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (312,942)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule **Drapery & carpet**	907	Line 30	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 907		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (312,035)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops	X		5,000	Line 5	41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule **Duplex ins**	X		12,000	Line 26	45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$ 17,000		47

STATE OF ILLINOIS
FAIRHAVEN CHRISTIAN RETIREMENT CENTER

ID# 0027987
Report Period Beginning: 01/01/2000
Ending: 12/31/2000

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Gas for non-care vehicles	$ (991)	14	1
2	Insurance for non-care vehicles	(1,300)	26	2
3	Flowers & decorations, miscellaneous	(2,219)	27	3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
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36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
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68				68
69				69
70				70
71				71
72				72
73				73
74				74
75				75
76				76
77				77
78				78
79				79
80				80
81				81
82				82
83				83
84				84
85				85
86				86
87				87
88				88
89				89
90	**Total**	(4,510)		90

STATE OF ILLINOIS

Summary A

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(991)	0	0	0	0	0	0	0	0	0	0	(991)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(991)	0	0	0	0	0	0	0	0	0	0	(991)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(1,300)	0	0	0	0	0	0	0	0	0	0	(1,300)	26
27	Other (specify):*	(2,219)	0	0	0	0	0	0	0	0	0	0	(2,219)	27
28	**TOTAL General Administration**	(3,519)	0	0	0	0	0	0	0	0	0	0	(3,519)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(4,510)	0	0	0	0	0	0	0	0	0	0	(4,510)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 **Report Period Beginning:** 01/01/2000 **Ending:** 12/31/2000

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	0	0	0	0	0	0	0	0	0	0	0	0	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(4,510)	0	0	0	0	0	0	0	0	0	0	(4,510)	45

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
NONE						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$	$ *	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	NONE								$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 01/01/2000 Ending: 2/31/2000

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		NONE				$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	AMCORE BANK-Line-of-credi	X		Operating expenses	None	05/07/00	500,000	235,000	05/07/01	0.0950	9,705	6
7												7
8												8
9	TOTAL Facility Related						$ 500,000	$ 235,000			$ 9,705	9
	B. Non-Facility Related*											
10	City of Rockford-Bonds		X	Construction	None	06/01/89	2,500,000		02/22/00	0.0725	21,042	10
11	City of Rockford-Bonds		X	Construction	None	02/22/00	2,500,000	2,500,000	02/01/13	0.0438	76,319	11
12												12
13												13
14	TOTAL Non-Facility Related						$ 5,000,000	$ 2,500,000			$ 97,361	14
15	TOTALS (line 9+line14)						$ 5,500,000	$ 2,735,000			$ 107,066	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 1999 report.	$	388,444	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	378,723	2
3. Under or (over) accrual (line 2 minus line 1).	$	(9,721)	3
4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual on the lines below.)	$	390,080	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	$		5
6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND $ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	211,784	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1995	360,553	8
	1996	406,785	9
	1997	375,246	10
	1998	380,827	11
	1999	378,723	12

The expense on line 7 represents real estate tax related to the main building. The reason this amount does not agree to the sum of lines 3-6 is because the accrual on line 4 has the liability for duplexes included in it , while the expense on line 7 is main building only. Duplexes are non-patient care costs and are included on Sch V line 43.

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 1999	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity. This denial must be no more than four years old at the time the cost report is filed.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 159,494 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

NONE

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Main Building	871,200	1965	$ 62,304	1
2					2
3	TOTALS	871,200		$ 62,304	3

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	117		1967	1967	$ 1,115,078	$ 27,041	40	$ 27,041	$	$ 912,079	4
5	76		1973	1973	1,051,996	26,186	40	26,186		724,650	5
6	20		1975	1975	255,191	5,843	20-40	5,843		170,456	6
7	41		1979	1979	1,323,223	31,213	40	31,213		748,709	7
8											8
	Improvement Type**										
9	Land improvements			1968	36,138	27	20-40	27		35,907	9
10	Land improvements			1976	16,621	301	20-25	301		16,471	10
11	Laundry wiring-south			1980	31,442	25	20	25		31,430	11
12	Parking lot, Health Center sinks, office remodeling			1983	31,504	762	20	762		29,601	12
13	Rec room, air condit., closet doors, Gift Shop remodel			1984	200,604	6,065	20	6,065		179,364	13
14	Install computers, call light system			1985	29,244	926	12-20	926		28,517	14
15	Carpet, Health Center call light system, boiler repair			1986	16,918	723	5-20	723		15,834	15
16	Expansion tank, carpet, light fixt., closet door, windows			1987	14,030	257	5-20	257		12,871	16
17	Fire alarm system, new laundry doors			1988	30,856	761	5-20	761		25,280	17
18	Sliding doors-front entry, water softener			1989	25,488	1,132	10-20	1,132		15,869	18
19	Hot water heater, boiler repair, air condit., exam room			1990	24,368	1,234	10-20	1,234		21,743	19
20	Air condit.-2 kitchens, HC computer cab., burner/boiler			1991	44,311	2,830	15-20	2,830		27,844	20
21	Chapel speaker system, burner/boiler, carpeting			1992	27,646	2,492	10-15	2,492		21,182	21
22	Remodel dietary off., a/c coff shop, carpeting,smoke det.			1993	35,136	3,156	10-20	3,156		24,666	22
23	Air condit.-laundry, new kitchen/apt, fire alarm			1994	11,134	888	10-20	888		5,773	23
24	Remodel 1st floor hallways, air condit. Compressor			1995	12,896	1,290	5-10	1,290		7,094	24
25	Remodel of 6 rooms			1996	33,302	1,731	5-20	1,731		7,791	25
26	Remodeling of nurses station			1996	8,438	422	20	422		1,899	26
27	Boiler repair and new boiler			1996	5,363	536	10	536		2,412	27
28	Heaters			1996	1,630	163	10	163		734	28
29	New lights			1996	7,499	375	20	375		1,688	29
30	New windows			1996	1,762	88	20	88		396	30
31	Mixing value and cartridge			1996	6,459	821	5-10	821		3,695	31
32	Rehab & conversion of rooms			1997	119,116	4,765	25	4,765		16,676	32
33	Remodel of Rehab dept., identicard door system			1997	37,374	1,937	10-25	1,937		6,780	33
34	Wall heaters,doors & wind.,water heater,chill water sys			1997	18,338	810	10-25	810		2,835	34
35	Roof work, office remodel,clock wiring,shelving,boiler			1997	33,616	1,728	10-25	1,728		7,482	35
36	TOTAL (lines 4 thru 35)				$ 4,606,721	$ 126,528		$ 126,528	$	$ 3,107,728	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Fence along Alpine Road			1998	84,198	4,210	20	4,210		10,525	9
10	Blacktop			1998	12,538	627	20	627		1,568	10
11	Remodel of Rehab Dept & Breakroom			1998	42,423	1,697	25	1,697		4,243	11
12	Rehab resident rooms			1998	92,743	3,710	25	3,710		9,275	12
13	Rehab offices-Ex dir.,ADON, Maint., Activities			1998	36,208	1,448	25	1,448		3,619	13
14	Rear entrance door, fire protection system			1998	6,051	242	25	242		605	14
15	Rehab Health Ctr., Halls, Storage, Conference room			1998	24,693	988	25	988		2,471	15
16	Rehab coffee shop & gift shop			1998	4,374	175	25	175		438	16
17	Health Ctr. sound system,			1998	4,308	287	15	287		718	17
18	Electrical work, heating & air condit.			1998	5,180	207	25	207		518	18
19	Fence and grading			1999	13,566	678	20	678		1,017	19
20	Blacktop, patching, speed bumps			1999	18,220	951	10-20	951		1,426	20
21	Rehab resident rooms			1999	84,948	3,398	25	3,398		5,097	21
22	Rehab maint off., shop, laund room, housekeeping off.			1999	44,768	1,791	25	1,791		2,687	22
23	Health Ctr. Elevator conversion, emerg. Lights			1999	9,806	931	10-20	931		1,397	23
24	Windows, storm doors, boiler room electrical			1999	12,196	518	20-25	518		777	24
25	Rehab Health Ctr.-lighting,heat,ceiling panels,flooring			1999	33,716	1,349	25	1,349		2,024	25
26	Rehab Health Ctr.-conf room,util room,activ,air cond			1999	17,993	864	15-25	864		1,295	26
27	Rehab Health Ctr.-soc serv off., 1st floor restroom			1999	4,077	163	25	163		244	27
28	Wanderguard door alarm			1999	530	53	10	53		80	28
29	Remodel-Main office,coffee shop,gift shop			2000	1,110,762	13,885	40	13,885		13,885	29
30	Employee parking lot			2000	96,253	2,406	20	2,406		2,406	30
31	Irrigation system			2000	18,761	469	20	469		469	31
32	Beauty shops-1st & 3rd			2000	49,403	618	40	618		618	32
33	Remodel-Maint., Acctg, Activ.,& 2nd fl HC kitchen off.			2000	38,198	955	20	955		955	33
34	Rehab resident rooms			2000	64,544	1,794	10-20	1,794		1,794	34
35	Main entrance doors			2000	10,535	263	20	263		263	35
36	TOTAL (lines 4 thru 35)				$ 1,940,992	$ 44,677		$ 44,677	$	$ 70,414	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Roof repairs,elevator room repairs,electric,phone,comp.			2000	35,305	1,149	10-20	1,149		1,149	9
10	Back flow system			2000	65,706	1,643	20	1,643		1,643	10
11	Smoke barrier upgrade			2000	68,105	851	40	851		851	11
12	Drapery, carpet, folding doors			1985	34,115		5-15	907	907	34,115	12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 203,231	$ 3,643		$ 4,550	$ 907	$ 37,758	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CEN# 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
37	Purchased in Prior Years	$ 1,703,002	$ 116,104	$ 116,104	$	5-20	$ 972,983	37
38	Current Year Purchases	381,028	15,986	15,986		5-20	15,986	38
39	Fully Depreciated Assets	(477,503)				5-20	(477,503)	39
40								40
41	TOTALS	$ 1,606,527	$ 132,090	$ 132,090	$		$ 511,466	41

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42	Van	Ford-1994	1994	$ 32,515	$	$	$	5	$ 32,515	42
43										43
44										44
45										45
46	TOTALS			$ 32,515	$	$	$		$ 32,515	46

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
47	Total Historical Cost	(line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	$ 8,452,290	47
48	Current Book Depreciation	(line 36,col.5 + line 41,col.2 + line 46,col.5)	$ 306,938	48
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)	$ 307,845	49 **
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)	$ 907	50
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)	$ 3,759,881	51

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52	Garages-1968-92,Vehicles-1989-2000	$ 184,146	$ 11,335	$ 146,050	52
53	Landscaping equipment-1968-2000	49,439	4,388	36,472	53
54	Duplexes& land improv.-1968-2000	11,253,898	324,466	3,630,931	54
55	E-wing,furn. & land improv.-1990-2000	3,414,802	106,056	1,088,658	55
56	Land-Duplexes	411,576			56
57	TOTALS	$ 15,313,861	$ 446,245	$ 4,902,111	57

G. Construction-in-Progress

	Description	Cost	
58		$	58
59			59
60			60
61		$	61

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: NONE

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease ____.

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

10. Effective dates of current rental agreement:
Beginning ____
Ending ____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2001	$
13.	/2002	$
14.	/2003	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ Description:
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [ ] YES [X] NO

All nurses aides come to Fairhaven having already completed C.N.A. classes prior to their employment.

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	NONE	hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			$		$	$		$	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 **Report Period Beginning:** 01/01/2000 **Ending:** 12/31/2000

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2000 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 49,472	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 2,462)	172,610		3
4	Supply Inventory (priced at Lwr of cost/mkt)	37,667		4
5	Short-Term Investments			5
6	Prepaid Insurance	20,170		6
7	Other Prepaid Expenses	18,268		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Limited use assets	233,349		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 531,536	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	473,880		13
14	Buildings, at Historical Cost	21,333,410		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,364,701		16
17	Accumulated Depreciation (book methods)	(9,222,624)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe BondCloseCost(net)	150,406		22
23	Other(specify): Vehicles	154,797		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 15,254,570	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 15,786,106	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 175,649	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	375,000		29
30	Accrued Salaries Payable	196,503		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	390,080		32
33	Accrued Interest Payable	9,758		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Retirement (403-B)	10,059		36
37	Property Tax Credits Due Residents	230,850		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,387,899	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	2,360,000		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Advance Deposits on Founder's Fees	148,450		43
44	Founder's Fees	5,713,007		44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 8,221,457	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 9,609,356	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 6,176,750	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 15,786,106	$	48

***(See instructions.)**

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 6,237,691	1
2	Restatements (describe):		2
3	**Depreciation Adjustments - prior to 1999**	(77,354)	3
4	**Accrued Vacation Expense - prior to 1999**	(35,000)	4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 6,125,337	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	148,929	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	50,686	11
12	Expenditures for Specific Purposes	(148,202)	12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 51,413	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 6,176,750	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENT # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 5,995,439	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,995,439	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	5,170	13
14	Non-Patient Meals	21,376	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	9,925	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	62,992	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 99,463	23
	D. Non-Operating Revenue		
24	Contributions	224,492	24
25	Interest and Other Investment Income***	36,689	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 261,181	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Duplex Income	1,383,060	28
28a	Equipment Rental & Other Income	26,080	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,409,140	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,765,223	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,239,121	31
32	Health Care	2,611,051	32
33	General Administration	1,231,790	33
	B. Capital Expense		
34	Ownership	766,505	34
	C. Ancillary Expense		
35	Special Cost Centers	715,123	35
36	Provider Participation Fee	52,704	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 7,616,294	40
41	**Income before Income Taxes (line 30 minus line 40)****	148,929	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 148,929	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? YES If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,904	2,100	$ 61,928	$ 29.49	1
2	Assistant Director of Nursing	1,828	2,058	35,832	17.41	2
3	Registered Nurses	22,313	24,085	425,947	17.69	3
4	Licensed Practical Nurses	30,323	32,361	456,422	14.10	4
5	Nurse Aides & Orderlies	98,950	106,810	1,017,227	9.52	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	9,695	10,520	97,186	9.24	8
9	Activity Director	3,884	4,219	49,215	11.67	9
10	Activity Assistants	3,922	4,285	35,169	8.21	10
11	Social Service Workers	2,012	2,228	38,599	17.32	11
12	Dietician					12
13	Food Service Supervisor	3,781	4,259	80,858	18.99	13
14	Head Cook					14
15	Cook Helpers/Assistants	19,829	21,289	207,221	9.73	15
16	Dishwashers	35,051	36,512	267,793	7.33	16
17	Maintenance Workers	16,461	17,626	241,215	13.69	17
18	Housekeepers	25,190	26,741	216,066	8.08	18
19	Laundry	14,485	15,836	133,143	8.41	19
20	Administrator	1,864	2,080	82,650	39.74	20
21	Assistant Administrator	1,904	2,080	66,596	32.02	21
22	Other Administrative	2,928	3,120	73,613	23.59	22
23	Office Manager					23
24	Clerical	7,131	7,600	96,407	12.69	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,903	3,031	52,010	17.16	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	306,358	328,840	$ 3,735,097 *	$ 11.36	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	186	$ 8,348	ln 1,col 3	35
36	Medical Director	12	15,600	ln 9, col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	96	1,384	ln 10, col 3	39
40	Physical Therapy Consultant	24	1,881	ln 10a, col 3	40
41	Occupational Therapy Consultant	24	1,880	ln 10a, col 3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	24	1,381	ln 11, col 3	44
45	Social Service Consultant	10	551	ln 12, col 3	45
46	Other(specify) Wound Care Therapy	23	1,125	ln 10a, col 3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	399	$ 32,150		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	260	$ 8,577	ln 10, col 3	50
51	Licensed Practical Nurses	2,678	71,517	ln 10, col 3	51
52	Nurse Aides	6,170	109,197	ln 10, col 3	52
53	TOTAL (lines 50 - 52)	9,108	$ 189,291		53

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CEN # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Gary Larson	Exec. Director	0	$ 82,650
Tom Bleed	Administrator	0	66,596
Jeff Reierson	Dir. Of Finance	0	62,213
Norm Collins	Chaplain	0	11,400
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 222,859

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$

C. Professional Services

Vendor/Payee	Type	Amount
ADP	Payroll Services	$ 14,537
American Natl Bank & Trust	Trustee Services-Bond Iss.	2,917
Bank One	Bond Issue Expenses, LOC	20,293
BDO Seidman, LLP	Annual Audit Fees	10,305
Cox Bruegge	Attorney-Personnel Issues	182
Duane,Morris&Hecksher, LLP	Attorney-IDPH Issues	12,190
Illinois State Police	Background Checks	1,368
Long-Term Computer Solutions	Medical Record/Acctg Support	2,700
Physician's Immediate Care	Employee Physicals	5,907
Small, Parker & Blossom	3rd Party Admin-403B Plan	4,430
Amcore Bank	Trustee Services-403B Plan	750
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $2500 attach copy of invoices.)		$ 75,579

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 78,103
Unemployment Compensation Insurance	6,380
FICA Taxes	272,374
Employee Health Insurance	241,845
Employee Meals	10,620
Illinois Municipal Retirement Fund (IMRF)*	
403-B Annuity Expense-Company Match	71,200
Employee Physicals	5,907
Company Appreciation Events	11,051
403-B Annuity Administr.-Small,Parker,Blsm	4,430
403-B Annuity Trustee Services - Amcore	750
TOTAL (agree to Schedule V, line 22, col.8)	$ 702,660

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	11,845
Health Care Worker Background Check	
(Indicate # of checks performed 114)	1,368
LSN Membership fees	10,120
Required minority advertising	350
Professional & business related subscrip	2,042
IL CPA Society dues	260
State licenses- CPA	60
Promotional & advertising fees	21,813
Less: Public Relations Expense	(11,749)
Non-allowable advertising	(9,007)
Yellow page advertising	(1,057)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 26,045

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$ 0
In-State Travel	1,088
Seminar Expense	5,640
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 6,728

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
1	NONE		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER **#** 0027987 **Report Period Beginning:** 01/01/2000 **Ending:** 12/31/2000

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? NO

(2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. Life Services Network(LSN) $10,120

(3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report?

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 8 Years

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 38,504 Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ 52,704
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? None

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ 10,620 Has any meal income been offset against related costs? YES Indicate the amount. $ 11,543

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? 100
d. Have vehicle usage logs been maintained? YES
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? NO
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? YES
Firm Name: BDO Seidmann, LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? YES If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? YES

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? YES
Attach invoices and a summary of services for all architect and appraisal fees.

FAIRHAVEN CHRISTIAN RETIREMENT CENTER **#0027987** **1/1/00-12/31/00**

RECLASSIFICATIONS:

LINE 2	Food purchase	($10,620)	Take out cost of meals provided to employees
LINE 5	Heat & other utilities	($5,000)	Take out utilities allocable to beauty shop
LINE 19	Professional services	($1,368)	Take out background checks
		($5,907)	Take out employee exams
		($4,430)	Take out 403-b administ. function
		($750)	Take out 403-b trustee function
		($12,455)	
LINE 20	Fees,subscriptions, & promotions	$1,368	Add in background checks from line 19
LINE 22	Employee benefits & payroll taxes	$10,620	Add in cost of meals from line 2
		$5,907	Add in employee exams from line 19
		$4,430	Add in 403-b administ. function from line 19
		$750	Add in 403-b trustee function from line 19
		$21,707	
LINE 26	Insurance-property & liability	($12,000)	Take out insurance- property for duplexes
LINE 30	Depreciation	($6,887)	Take out addl depreciation relating to duplexes
LINE 40	Barber and Beauty shops	$5,000	Add in utilities taken out of line 5
LINE 43	Other-Duplexes	$12,000	Add in insurance-property from line 26
		$6,887	Add in depreciation from line 30
		$18,887	
TOTAL		$0	

FAIRHAVEN CHRISTIAN RETIREMENT CENTER #0027987 1/1/00-12/31/00

Sch V p. 3 & 4

Line 7:

Security services	$37,948
Trash disposal	$12,299
	$50,247

Line 36:

Amortization of bond closing costs	$10,638

Line 43:

Duplexes:	**Real estate taxes**	$327,519
	Depreciation	$324,466
	Utilities	$37,046
	Maintenance	$32,799
	Insurance	$12,000
	Supplies(col. 2)	$180
		$734,010

FAIRHAVEN CHRISTIAN RETIREMENT CENTER #0027987 1/1/00-12/31/00

Sch VI p. 5 **Line 29:**

Gas for non-care vehicles	($991)
Insurance for non-care vehicles	($1,300)
Flowers & decorations, miscellaneous	($2,219)
	($4,510)

Line 35:

Drapery & carpet depreciation	$907

Line 45:

Duplex insurance	$12,000

FAIRHAVEN CHRISTIAN RETIREMENT CENTER #0027987 1/1/00-12/31/00

Sch XVII Income Statement p.19

E. Other Revenue

Line 28	$1,383,060	Duplex monthly maintenance and founder's fee income
Line 28a	$3,530	Equipment rental-wheelchairs & gerichairs
	$22,550	Other income such as vending machine, one-time cable hook-up, activities, laundry servic
	$26,080	